

ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Targretin 75 mg soft capsules

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains 75 mg of bexarotene.

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Soft capsule.

Off-white capsule, containing a liquid suspension and imprinted with “Targretin”.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Targretin capsules are indicated for the treatment of skin manifestations of advanced stage cutaneous T-cell lymphoma (CTCL) patients refractory to at least one systemic treatment.

4.2 Posology and method of administration

Bexarotene therapy should only be initiated and maintained by physicians experienced in the treatment of patients with CTCL.

The recommended initial dose is 300 mg/m²/day. Targretin capsules should be taken as a single oral daily dose with a meal (see section 4.5). Initial dose calculations according to body surface area are as follows:

Initial dose level (300 mg/m ² /day)		Number of 75 mg Targretin capsules
Body Surface Area (m ²)	Total daily dose (mg/day)	
0.88 – 1.12	300	4
1.13 - 1.37	375	5
1.38 - 1.62	450	6
1.63 - 1.87	525	7
1.88 - 2.12	600	8
2.13 - 2.37	675	9
2.38 - 2.62	750	10

Dose modification guidelines: the 300 mg/m²/day dose level may be adjusted to 200 mg/m²/day then to 100 mg/m²/day, or temporarily suspended, if necessitated by toxicity. When toxicity is controlled, doses may be carefully readjusted upward. With appropriate clinical monitoring, individual patients may benefit from doses above 300 mg/m²/day. Doses greater than 650 mg/m²/day have not been evaluated in patients with CTCL. In clinical trials, bexarotene was administered for up to 118 weeks to patients with CTCL. Treatment should be continued as long as the patient is deriving benefit.

Use in children and adolescents: the clinical safety and effectiveness of bexarotene in the paediatric population (below 18 years of age) have not been studied and this product should not be used in a paediatric population until further data become available.

Use in the elderly: of the total number of patients with CTCL in clinical studies, 61% were 60 years or older, while 30% were 70 years or older. No overall differences in safety were observed between patients 70 years or older and younger patients, but greater sensitivity of some older individuals to bexarotene cannot be ruled out. The standard dose should be used in the elderly.

Renal insufficiency: no formal studies have been conducted in patients with renal insufficiency. Clinical pharmacokinetic data indicate that urinary elimination of bexarotene and its metabolites is a minor excretory pathway for bexarotene. In all evaluated patients, the estimated renal clearance of bexarotene was less than 1 ml/minute. In view of the limited data, patients with renal insufficiency should be monitored carefully while on bexarotene therapy.

4.3 Contraindications

Known hypersensitivity to bexarotene or to any of the excipients of the product.

Pregnancy and lactation.

Women of child-bearing potential without effective birth-control measures.

History of pancreatitis.

Uncontrolled hypercholesterolaemia.

Uncontrolled hypertriglyceridaemia.

Hypervitaminosis A.

Uncontrolled thyroid disease.

Hepatic insufficiency.

Ongoing systemic infection.

4.4 Special warnings and precautions for use

General: Targretin capsules should be used with caution in patients with a known hypersensitivity to retinoids. No clinical instances of cross-reactivity have been noted. Patients receiving bexarotene should not donate blood for transfusion. Butylated hydroxyanisole, an ingredient in Targretin, may cause irritation to the mucous membranes, therefore the capsules must be swallowed intact and not chewed.

Lipids: hyperlipidaemia has been identified as an effect associated with the use of bexarotene in clinical studies. Fasting blood lipid determinations (triglycerides and cholesterol) should be performed before bexarotene therapy is initiated and at weekly intervals until the lipid response to bexarotene is established, which usually occurs within two to four weeks, and then at intervals no less than monthly thereafter. Fasting triglycerides should be normal or normalised with appropriate intervention prior to bexarotene therapy. Every attempt should be made to maintain triglyceride levels below 4.52 mmol/l in order to reduce the risk of clinical sequelae. If fasting triglycerides are elevated or become elevated during treatment, institution of antilipemic therapy is recommended, and if necessary, dose reductions (from 300 mg/m²/day of bexarotene to 200 mg/m²/day, and if necessary to 100 mg/m²/day) or treatment discontinuation. Data from clinical studies indicate that bexarotene concentrations were not affected by concomitant administration of atorvastatin. However, concomitant administration of gemfibrozil resulted in substantial increases in plasma concentrations of bexarotene and therefore, concomitant administration of gemfibrozil with bexarotene is not recommended (see section 4.5). Elevations of serum cholesterol should be managed according to current medical practice.

Pancreatitis: acute pancreatitis associated with elevations of fasting serum triglycerides has been reported in clinical studies. Patients with CTCL having risk factors for pancreatitis (e.g., prior episodes of pancreatitis, uncontrolled hyperlipidaemia, excessive alcohol consumption, uncontrolled diabetes mellitus, biliary tract disease, and medications known to increase triglyceride levels or to be associated with pancreatic toxicity) should not be treated with bexarotene, unless the potential benefit outweighs the risk.

Liver Function Test (LFT) abnormalities: LFT elevations associated with the use of bexarotene have been reported. Based on data from ongoing clinical trials, elevation of LFTs resolved within one month in 80% of patients following a decrease in dose or discontinuation of therapy. Baseline LFTs should be obtained, and LFTs should be carefully monitored weekly during the first month and then monthly thereafter. Consideration should be given to a suspension or discontinuation of bexarotene if test results reach greater than three times the upper limit of normal values for SGOT/AST, SGPT/ALT, or bilirubin.

Thyroid function test alterations: changes in thyroid function tests have been observed in patients receiving bexarotene, most often noted as a reversible reduction in thyroid hormone (total thyroxine [total T₄]) and thyroid-stimulating hormone (TSH) levels. Baseline thyroid function tests should be obtained and then monitored at least monthly during treatment and as indicated by the emergence of symptoms consistent with hypothyroidism. Patients with symptomatic hypothyroidism on bexarotene therapy have been treated with thyroid hormone supplements with resolution of symptoms.

Leucopenia: leucopenia associated with bexarotene therapy has been reported in clinical studies. The majority of cases resolved after dose reduction or discontinuation of treatment. Determination of white blood cell count with differential count should be obtained at baseline, weekly during the first month and then monthly thereafter.

Anaemia: anaemia associated with bexarotene therapy has been reported in clinical studies. Determination of haemoglobin should be obtained at baseline, weekly during the first month and then monthly thereafter. Decreases of haemoglobin should be managed according to current medical practice.

Lens opacities: following bexarotene treatment, some patients were observed to have previously undetected lens opacities or a change in pre-existing lens opacities unrelated to treatment duration or dose level of exposure. Given the high prevalence and natural rate of cataract formation in the older patient population represented in the clinical studies, there was no apparent association between the incidence of lens opacity formation and bexarotene administration. However, an adverse effect of long-term bexarotene treatment on lens opacity formation in humans has not been excluded. Any patient treated with bexarotene who experiences visual difficulties should have an appropriate ophthalmologic examination.

Vitamin A supplementation: because of the relationship of bexarotene to vitamin A, patients should be advised to limit vitamin A supplements to $\leq 15,000$ IU/day to avoid potential additive toxic effects.

Patients with diabetes mellitus: caution should be exercised when administering bexarotene in patients using insulin, agents enhancing insulin secretion (e.g. sulfonylureas), or insulin-sensitisers (e.g. thiazolidinediones). Based on the known mechanism of action, bexarotene may potentially enhance the action of these agents, resulting in hypoglycaemia. No cases of hypoglycaemia associated with the use of bexarotene as monotherapy have been reported.

Photosensitivity: the use of some retinoids has been associated with photosensitivity. Patients should be advised to minimise exposure to sunlight and avoid sun lamps during therapy with bexarotene, as *in vitro* data indicate that bexarotene may potentially have a photosensitising effect.

Oral contraceptives: bexarotene can potentially induce metabolic enzymes and thereby theoretically reduce the efficacy of oestrogenic contraceptives. Thus, if treatment with bexarotene is intended in a woman of childbearing potential, a reliable, non-hormonal form of contraception is also required, because bexarotene belongs to a therapeutic class for which the human malformative risk is high.

4.5 Interaction with other medicinal products and other forms of interaction

Effects of other substances on bexarotene: no formal studies to evaluate interactions with bexarotene have been conducted. On the basis of the oxidative metabolism of bexarotene by cytochrome

P450 3A4 (CYP3A4), coadministration with other CYP3A4 substrates such as ketoconazole, itraconazole, protease inhibitors, clarithromycin and erythromycin may theoretically lead to an increase in plasma bexarotene concentrations. Furthermore, co-administration with CYP3A4 inducers such as rifampicin, phenytoin, dexamethasone or phenobarbital may theoretically cause a reduction in plasma bexarotene concentrations.

Caution is advised in case of combination with CYP3A4 substrates having a narrow therapeutic margin i.e. immunosuppressive agents (cyclosporine, tacrolimus, sirolimus) as well as CYP3A4-metabolised cytotoxics, i.e. cyclophosphamide, etoposide, finasteride, ifosfamide, tamoxifen, vinca-alkaloids.

A population analysis of plasma bexarotene concentrations in patients with CTCL indicated that concomitant administration of gemfibrozil resulted in substantial increases in plasma concentrations of bexarotene. The mechanism of this interaction is unknown. Under similar conditions, bexarotene concentrations were not affected by concomitant administration of atorvastatin or levothyroxine. Concomitant administration of gemfibrozil with bexarotene is not recommended.

Effects of bexarotene on other substances: there are indications that bexarotene may induce CYP3A4. Therefore, repeated administration of bexarotene may result in an auto-induction of its own metabolism and, particularly at dose levels greater than 300 mg/m²/day, may increase the rate of metabolism and reduce plasma concentrations of other substances metabolised by cytochrome P450 3A4, such as tamoxifen. For example bexarotene may reduce the efficacy of oral contraceptives (see sections 4.4 and 4.6).

Laboratory test interactions: CA125 assay values in patients with ovarian cancer may be accentuated with bexarotene therapy.

Food interactions: in all clinical trials, patients were instructed to take Targretin capsules with or immediately following a meal. In one clinical study, plasma bexarotene AUC and C_{max} values were substantially higher following the administration of a fat-containing meal versus those following the administration of a glucose solution. Because safety and efficacy data from clinical trials are based upon administration with food, it is recommended that Targretin capsules be administered with food.

On the basis of the oxidative metabolism of bexarotene by cytochrome P450 3A4, grapefruit juice may theoretically lead to an increase in plasma bexarotene concentrations.

4.6 Pregnancy and lactation

Pregnancy: there are no adequate data from the use of bexarotene in pregnant women. Studies in animals have shown reproductive toxicity. Based on the comparison of animal and patient exposures to bexarotene, a margin of safety for human teratogenicity has not been demonstrated (see section 5.3). Bexarotene is contraindicated in pregnancy (see section 4.3).

If this medicinal product is used inadvertently during pregnancy, or if the patient becomes pregnant while taking this medicinal product, the patient should be informed of the potential hazard to the foetus.

Women of childbearing potential must use adequate birth-control measures when bexarotene is used. A negative, sensitive, pregnancy test (e.g. serum beta-human chorionic gonadotropin, beta-HCG) should be obtained within one week prior to bexarotene therapy. Effective contraception must be used from the time of the negative pregnancy test through the initiation of therapy, during therapy and for at least one month following discontinuation of therapy. Whenever contraception is required, it is recommended that two reliable forms of contraception be used simultaneously. Bexarotene can potentially induce metabolic enzymes and thereby theoretically reduce the efficacy of oestroprogestative contraceptives (see section 4.5). Thus, if treatment with bexarotene is intended in a woman with childbearing potential, a reliable, non-hormonal contraceptive method is also recommended. Male patients with sexual partners who are pregnant, possibly pregnant, or may

potentially become pregnant must use condoms during sexual intercourse while taking bexarotene and for at least one month after the last dose.

Lactation: it is not known whether bexarotene is excreted in human milk. Bexarotene should not be used in breast-feeding mothers.

4.7 Effects on ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed. However, dizziness and visual difficulties have been reported in patients taking Targretin. Patients who experience dizziness or visual difficulties during therapy must not drive or operate machinery.

4.8 Undesirable effects

The safety of bexarotene has been examined in clinical studies of 193 patients with CTCL who received bexarotene for up to 118 weeks and in 420 non-CTCL cancer patients in other studies.

In 109 patients with CTCL treated at the recommended initial dose of 300 mg/m²/day, the most commonly reported adverse reactions to Targretin were hyperlipaemia ((primarily elevated triglycerides) 74%), hypothyroidism (29%), hypercholesterolaemia (28%), headache (27%), leucopenia (20%), pruritus (20%), asthenia (19%), rash (16%), exfoliative dermatitis (15%), and pain (12%).

The following Targretin-related adverse reactions were reported during clinical studies in patients with CTCL (N=109) treated at the recommended initial dose of 300 mg/m²/day. The frequencies of adverse reactions are classified as very common (>1/10), common (>1/100, <1/10), uncommon (>1/1,000, <1/100), rare (>1/10,000, <1/1,000), and very rare (<1/10,000).

Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

Blood and lymphatic system disorders

Very common:	Leucopenia
Common:	Lymphoma Like Reaction, Lymphadenopathy, Hypochromic Anaemia ^{1,2,3} ,
Uncommon:	Blood Dyscrasia, Purpura, Coagulation Disorder, Coagulation Time Increased ^{2,3} , Anaemia ¹ , Thrombocytopenia ³ , Thrombocythemia, Eosinophilia ¹ , Leukocytosis ² , Lymphocytosis

Endocrine disorders

Very common:	Hypothyroidism
Common:	Thyroid Disorder
Uncommon:	Hyperthyroidism

Metabolism and nutrition disorders

Very common:	Hyperlipaemia, Hypercholesterolaemia
Common:	Weight Gain, SGOT Increased, SGPT Increased, Lactic Dehydrogenase Increased, Creatinine Increased, Hypoproteinaemia,
Uncommon:	Gout, Bilirubinemia ^{1,3} , BUN Increased ¹ , High Density Lipoprotein Decreased

Nervous system disorders

Common:	Dizziness, Hypesthesia, Insomnia
Uncommon:	Ataxia, Neuropathy, Vertigo, Hyperaesthesia, Depression ^{1,2,3} , Agitation

Eye disorders

Common:	Dry Eyes, Eye Disorder
Uncommon:	Cataract Specified ^{1,2,3} , Amblyopia ³ , Visual Field Defect, Corneal Lesion, Abnormal Vision ^{1,2,3} , Blepharitis, Conjunctivitis ³

Ear and labyrinth disorders

Common: Deafness
Uncommon: Ear disorder

Cardiac disorders

Uncommon: Tachycardia

Vascular disorders

Common: Peripheral Oedema
Uncommon: Haemorrhage, Hypertension, Oedema³, Vasodilatation^{1,2,3}, Varicose Vein

Gastrointestinal disorders

Common: Vomiting, Diarrhoea^{1,3}, Nausea³, Anorexia¹, Liver Function Tests Abnormal, Cheilitis², Dry Mouth^{2,3}, Constipation, Flatulence,
Uncommon: Pancreatitis^{1,3}, Hepatic Failure, Gastrointestinal Disorder¹

Skin and subcutaneous tissue disorders

Very common: Exfoliative Dermatitis, Pruritus, Rash
Common: Skin Ulcer, Alopecia¹, Skin Hypertrophy, Skin Nodule, Acne, Sweating, Dry Skin^{2,3}, Skin Disorder
Uncommon: Serous Drainage¹, Herpes Simplex, Pustular Rash, Skin Discoloration³ Hair Disorder¹, Nail Disorder^{1,3}

Musculoskeletal and connective tissue disorders

Common: Bone Pain, Arthralgia, Myalgia
Uncommon: Myasthenia¹

Renal and urinary disorders

Uncommon: Albuminuria^{1,3}, Kidney Function Abnormal

General Disorders and administration site conditions

Very common: Pain, Headache, Asthenia
Common: Allergic Reaction, Infection, Chills¹, Abdominal Pain, Hormone Level Altered¹
Uncommon: Neoplasm, Fever^{1,2,3}, Cellulitis, Infection Parasitic, Mucous Membrane Disorder³, Back Pain^{1,2,3}, Lab Test Abnormal

1: adverse reactions noted with increased frequency when bexarotene was administered at a dose >300mg/m²/day.

2: adverse reactions noted with increased frequency when bexarotene was administered at a dose of 300 mg/m²/day in non-CTCL cancer patients.

3: adverse reactions noted with increased frequency when bexarotene was administered at a dose of >300 mg/m²/day (compared to administration to CTCL patients at 300 mg/m²/day) in non-CTCL cancer patients.

Additional adverse reactions observed when used outside of the recommended dose and indication (i.e. used in CTCL at an initial dose >300mg/m²/day or in non-CTCL cancer indications):

Newly observed adverse reactions: ecchymosis, petechia, abnormal white blood cells, thromboplastin decreased, abnormal erythrocytes, dehydration, increased gonadotrophic luteinizing hormone, weight loss, increased alkaline phosphatase, increased creatine phosphokinase, lipase increased, hypercalcaemia, migraine, peripheral neuritis, paraesthesia, hypertonia, confusion, anxiety, emotional lability, somnolence, decreased libido, nervousness, night blindness, nystagmus, lacrimation disorder, tinnitus, taste perversion, chest pain, arrhythmia, peripheral vascular disorder, generalized oedema, haemoptysis, dyspnoea, increased cough, sinusitis, pharyngitis, dysphagia, mouth ulceration, oral

moniliasis, stomatitis, dyspepsia, thirst, abnormal stools, eructation, vesicobullous rash, maculopapular rash, leg cramps, haematuria, flu syndrome, pelvic pain, and body odour.

Single observations of the following were also reported: bone marrow depression, decreased prothrombin, decreased gonadotrophic luteinizing hormone, increased amylase, hyponatraemia, hypokalaemia, hyperuricaemia, hypocholesterolaemia, hypolipidaemia, hypomagnesaemia, abnormal gait, stupor, circumoral paraesthesia, abnormal thinking, eye pain, hypovolaemia, subdural haematoma, congestive heart failure, palpitation, epistaxis, vascular anomaly, vascular disorder, pallor, pneumonia, respiratory disorder, lung disorder, pleural disorder, cholecystitis, liver damage, jaundice, cholestatic jaundice, melaena, vomiting, laryngismus, tenesmus, rhinitis, increased appetite, gingivitis, herpes zoster, psoriasis, furunculosis, contact dermatitis, seborrhoea, lichenoid dermatitis, arthritis, joint disorder, urinary retention, impaired urination, polyuria, nocturia, impotence, urine abnormality, breast enlargement, carcinoma, photosensitivity reaction, face oedema, malaise, viral infection, enlarged abdomen.

The majority of adverse reactions were noted at a higher incidence at doses greater than 300 mg/m²/day. Generally, these resolved without sequelae on dose reduction or withdrawal of treatment. However, among a total of 810 patients, including those without malignancy, treated with bexarotene, there were three serious adverse reactions with fatal outcome (acute pancreatitis, subdural haematoma and liver failure). Of these, liver failure, subsequently determined to be not related to bexarotene, was the only one to occur in a CTCL patient.

Hypothyroidism generally occurs 4-8 weeks after commencement of therapy. It may be asymptomatic and responds to treatment with thyroxine and resolves upon withdrawal of treatment.

Bexarotene has a different adverse reaction profile to other oral, non-retinoid X receptor (RXR) - selective retinoids. Owing to its primarily RXR-binding activity, bexarotene is less likely to cause mucocutaneous, nail, and hair toxicities; arthralgia; and myalgia; which are frequently reported with retinoic acid receptor (RAR) -binding agents.

4.9 Overdose

No clinical experience with an overdose of Targretin has been reported. Any overdose should be treated with supportive care for the signs and symptoms exhibited by the patient.

Doses up to 1000 mg/m²/day of bexarotene have been administered in clinical studies with no acute toxic effects. Single doses of 1500 mg/kg (9000 mg/m²) and 720 mg/kg (14,400 mg/m²) were tolerated without significant toxicity in rats and dogs, respectively.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic Group: other antineoplastic agents, ATC code: L01XX25

Bexarotene is a synthetic compound that exerts its biological action through selective binding and activation of the three RXRs: α , β , and γ . Once activated, these receptors function as transcription factors that regulate processes such as cellular differentiation and proliferation, apoptosis, and insulin sensitisation. The ability of the RXRs to form heterodimers with various receptor partners that are important in cellular function and in physiology indicates that the biological activities of bexarotene are more diverse than those of compounds that activate the RARs. *In vitro*, bexarotene inhibits the growth of tumour cell lines of haematopoietic and squamous cell origin. *In vivo*, bexarotene causes tumour regression in some animal models and prevents tumour induction in others. However, the exact mechanism of action of bexarotene in the treatment of cutaneous T-cell lymphoma (CTCL) is unknown.

Bexarotene capsules were evaluated in clinical trials of 193 patients with CTCL of whom 93 had advanced stage disease refractory to prior systemic therapy. Among the 61 patients treated at an initial dose of 300 mg/m²/day, the overall response rate, according to a global assessment by the physician, was 51% (31/61) with a clinical complete response rate of 3%. Responses were also determined by a composite score of five clinical signs (surface area, erythema, plaque elevation, scaling and hypo/hyperpigmentation) which also considered all extracutaneous CTCL manifestations. The overall response rate according to this composite assessment was 31% (19/61) with a clinical complete response rate of 7% (4/61).

5.2 Pharmacokinetic properties

Absorption/dose proportionality: pharmacokinetics were linear up to a dose of 650 mg/m². Terminal elimination half-life values were generally between one and three hours. Following repeat once daily dose administration at dose levels ≥ 230 mg/m², C_{max} and AUC in some patients were less than respective single dose values. No evidence of prolonged accumulation was observed. At the recommended initial daily-dose level (300 mg/m²), single-dose and repeated daily-dose bexarotene pharmacokinetic parameters were similar.

Protein binding/distribution: bexarotene is highly bound (>99%) to plasma proteins. The uptake of bexarotene by organs or tissues has not been evaluated.

Metabolism: bexarotene metabolites in plasma include 6- and 7-hydroxy-bexarotene and 6- and 7-oxo-bexarotene. *In vitro* studies suggest glucuronidation as a metabolic pathway, and that cytochrome P450 3A4 is the major cytochrome P450 isozyme responsible for formation of the oxidative metabolites. Based on the *in vitro* binding and the retinoid receptor activation profile of the metabolites, and on the relative amounts of individual metabolites in plasma, the metabolites have little impact on the pharmacological profile of retinoid receptor activation by bexarotene.

Excretion: neither bexarotene nor its metabolites are excreted in urine in any appreciable amounts. The estimated renal clearance of bexarotene is less than 1 ml/minute. Renal excretion is not a significant elimination pathway for bexarotene.

5.3 Preclinical safety data

Carcinogenesis, mutagenesis, impairment of fertility: bexarotene is not genotoxic. Carcinogenicity studies have not been conducted. Fertility studies have not been conducted; however, in sexually immature male dogs, reversible aspermatogenesis (28-day study) and testicular degeneration (91-day study) were seen. When bexarotene was administered for six months to sexually mature dogs, no testicular effects were seen. Effects on fertility cannot be excluded. Bexarotene, in common with the majority of retinoids, was teratogenic and embryotoxic in an animal test species at systemic exposures that are achievable clinically in humans. Irreversible cataracts involving the posterior area of the lens occurred in rats and dogs treated with bexarotene at systemic exposures that are achievable clinically in humans. The aetiology of this finding is unknown. An adverse effect of long-term bexarotene treatment on cataract formation in humans has not been excluded.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Capsule content:

macrogol
polysorbate
povidone
butylated hydroxyanisole

Capsule shell:

gelatin

sorbitol special-glycerin blend (glycerin, sorbitol, sorbitol anhydrides (1,4-sorbitan), mannitol and water)

titanium dioxide (E171)

printing ink (SDA 35A alcohol (ethanol & ethyl acetate), propylene glycol (E1520), iron oxide black (E172), polyvinyl acetate phthalate, purified water, isopropyl alcohol, macrogol 400, ammonium hydroxide 28%)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years

6.4 Special precautions for storage

Do not store above 30°C.

Keep the bottle tightly closed.

6.5 Nature and contents of container

High-density polyethylene bottles with child-resistant closures containing 100 capsules.

6.6 Special precautions for disposal and other handling

No special requirements.

7. MARKETING AUTHORISATION HOLDER

Eisai Ltd.
European Knowledge Centre
Mosquito Way
Hatfield
Hertfordshire
AL10 9SN
United Kingdom

8. MARKETING AUTHORISATION NUMBER

EU/1/01/178/001

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 29 March 2001.

Date of latest renewal: 29 March 2006.

10. DATE OF REVISION OF THE TEXT

ANNEX II

- A. MANUFACTURING AUTHORISATION HOLDER
RESPONSIBLE FOR BATCH RELEASE**
- B. CONDITIONS OF THE MARKETING AUTHORISATION**

**A MANUFACTURING AUTHORISATION HOLDER RESPONSIBLE FOR BATCH
RELEASE**

Name and address of the manufacturer responsible for the batch release

Eisai Manufacturing Limited
European Knowledge Centre
Mosquito Way
Hatfield
Hertfordshire
AL10 9SN
United Kingdom

B CONDITIONS OF THE MARKETING AUTHORISATION

• **CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE IMPOSED ON
THE MARKETING AUTHORISATION HOLDER**

Medicinal product subject to restricted medical prescription (See Annex I: Summary of Product Characteristics, section 4.2).

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE IMMEDIATE PACKAGING

OUTER CARTON TEXT AND BOTTLE LABEL TEXT

1. NAME OF THE MEDICINAL PRODUCT

Targretin 75 mg soft capsules
Bexarotene

2. STATEMENT OF ACTIVE SUBSTANCE

One capsule contains 75 mg of bexarotene.

3. LIST OF EXCIPIENTS

Each capsule also contains macrogol, polysorbate, povidone and butylated hydroxyanisole and the colourant titanium dioxide (E171), and other ingredients.

4. PHARMACEUTICAL FORM AND CONTENTS

100 soft capsules

5. METHOD AND ROUTE OF ADMINISTRATION

Oral use.
To be swallowed whole.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE REACH AND SIGHT OF CHILDREN

Keep out of the reach and sight of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 30°C.
Keep the bottle tightly closed.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
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11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eisai Ltd.
Mosquito Way
Hatfield
Hertfordshire
AL10 9SN
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)
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EU/1/01/178/001

13. BATCH NUMBER

Batch

14. GENERAL CLASSIFICATION FOR SUPPLY
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Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Targretin 75 mg

B. PACKAGE LEAFLET

PACKAGE LEAFLET: INFORMATION FOR THE USER

TARGRETIN 75 mg soft capsules Bexarotene

Read all of this leaflet carefully before you start taking this medicine

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

In this leaflet:

1. What Targretin is and what it is used for
2. Before you take Targretin
3. How to take Targretin
4. Possible side effects
5. How to store Targretin
6. Further Information

1. WHAT TARGRETIN IS AND WHAT IT IS USED FOR

The active substance in Targretin, bexarotene, belongs to a group of medicines known as retinoids, which are related to vitamin A. Targretin capsules are used by patients with advanced stage cutaneous T-cell lymphoma (CTCL) whose disease has not responded to other therapies. CTCL is a condition in which certain cells of the body's lymph system called T-lymphocytes become cancerous and affect the skin.

2. BEFORE YOU TAKE TARGRETIN

Do not take Targretin

- if you know that you are allergic (hypersensitive) to bexarotene or to any of the other ingredients.
- if you are pregnant or breast feeding or if you can become pregnant and are not using effective birth control measures.
- if you have a history of pancreatitis, have uncontrolled lipid (blood fats) elevations (high blood cholesterol or high blood triglycerides), have a condition known as hypervitaminosis A, have uncontrolled thyroid disease, have insufficient liver function or have an ongoing systemic infection.

Take special care with Targretin

- if you have a known hypersensitivity to retinoids (related to vitamin A), suffer from liver disease, have high blood lipids or take medicines which may cause high blood lipids, have uncontrolled diabetes mellitus (sugar diabetes), have had gall bladder or biliary tract disease, or consume excessive amounts of alcohol. If any of these apply, you should inform your doctor.

Your fasting blood lipid determinations may have to be performed before therapy is initiated and at weekly intervals afterwards, and then monthly while taking this medicine.

Blood tests to evaluate the function of your liver and thyroid gland and to monitor your red blood cell and white blood cell counts will be obtained before therapy is started and will be monitored during therapy.

Periodic eye exams may be needed if you experience visual difficulties while taking this medicine.

Minimise exposure to sunlight as much as possible and avoid exposure to sun lamps.

Do not take more than 15,000 International Units of vitamin A supplements per day during treatment.

Targretin capsules should not be used in children or adolescents.

Taking other medicines

Before starting treatment, make sure your doctor knows if you are taking medicines (including those not prescribed by your doctor), such as ketoconazole and itraconazole (used against fungal infections), erythromycin, clarithromycin and rifampicin (used against bacterial infections), phenytoin and phenobarbital (used against seizures), gemfibrozil (used to reduce high levels of fats in the blood such as triglycerides and cholesterol), vitamin A supplements, protease inhibitors (used against viral infections), tamoxifen (used against some forms of cancer) or dexamethasone (used for inflammatory conditions). This is important as using more than one medicine at the same time can strengthen or weaken the effect of the medicines.

Taking Targretin with food and drink

Targretin should be taken with food. If you regularly consume grapefruit or grapefruit juice, please consult your doctor as these have the potential to alter your body's response to Targretin therapy.

Pregnancy and breast-feeding

Targretin may be harmful to a developing foetus. DO NOT use Targretin if you are pregnant or breast-feeding. If you are pregnant, thinking of becoming pregnant, or breast-feeding, ask your doctor for more information.

If you are capable of becoming pregnant, you must have a pregnancy test within one week before you start therapy, confirming you are not pregnant. You must use effective contraception (birth control) continuously starting one month before beginning therapy until one month after you stop taking Targretin. It is recommended that two reliable forms of contraception be used together. If you are taking a hormonal contraceptive (for example, birth control pills), you should discuss this with your doctor.

If you are male and your partner is pregnant or capable of becoming pregnant, you must use condoms during sexual intercourse while taking bexarotene and for at least one month after the last dose.

Driving and using machines

It is not known whether Targretin has an effect on your ability to drive a car or operate machinery. If you experience dizziness or problems with your vision during therapy, do not drive or operate machinery.

Important information about some of the ingredients of Targretin

Butylated hydroxyanisole, an ingredient in Targretin, may cause irritation to the mucous membranes, therefore the capsules must be swallowed intact and not chewed.

3. HOW TO TAKE TARGRETIN

Always take Targretin exactly as your doctor has told you. The doctor will prescribe a suitable dose for you, which is generally 4 to 10 capsules to be taken once daily. Take your prescribed number of capsules at the same time each day with a meal. The capsules can be taken immediately before, during or immediately after the course of the meal, if preferred. The capsules should be swallowed whole and not chewed.

How long you should take Targretin

Do not stop taking your medication until your doctor advises you to do so. Although some patients have improvement within the first several weeks, most patients require several months or more of treatment to improve.

If you take more Targretin than you should

If you have taken more than the prescribed dose of Targretin, you must contact your doctor.

If you forget to take Targretin

If you forget to take one dose, take your daily dose with your next meal on the same day, then take your usual dose as normal, the following day. Do not take a double dose in one day to make up for a missed dose the previous day.

4. POSSIBLE SIDE EFFECTS

Like all medicines, Targretin can cause side effects, although not everybody gets them. Tell your doctor as soon as possible if you feel any deterioration in your condition while you are taking Targretin. Sometimes it is necessary to adjust the dose or interrupt treatment. Your doctor will advise you on what to do.

The following side effects were reported in patients with CTCL who were treated with the recommended initial dose of capsules.

Very common (can occur in more than 1 in 10 patients treated):

Low white blood cell count.
Lowering of thyroid hormones level.
Elevation of blood fats (triglycerides and cholesterol).
Skin reactions (Itching, redness, irritation, peeling).
Headache, fatigue, pain.

Common (can occur in less than 1 in 10 but in more than 1 in 100 patients treated):

Low red blood cell count, enlarged lymph nodes, worsening of lymphoma.
Thyroid disorder.
Elevation of liver enzymes, impaired kidney function, low protein in blood, weight gain.
Insomnia, dizziness, reduced skin sensation.
Dry eyes, deafness, abnormal sensations of the eye including irritation and heaviness.
Swelling of legs and arms.
Nausea, diarrhoea, dry mouth, dry lips, loss of appetite, constipation, excess gas, abnormal liver function tests, vomiting.
Dry skin, skin disorder, loss of hair, skin ulcer, acne, skin thickening, skin nodule, increased sweating.
Joint aches, bone pain, muscle aches.
Chills, abdominal pain, allergic reaction, infection.

Uncommon (can occur in less than 1 in 100 but in more than 1 in 1000 patients treated):

Blood disorders, eosinophilia, leukocytosis, lymphocytosis, purpura, elevated and decreased numbers of blood platelets.
Overactive thyroid.
Elevated bilirubin in the blood, impaired kidney function, gout, decreased HDL cholesterol.
Agitation, difficulties with balance, depression, increased skin sensation on touching, abnormal nerve sensations, vertigo.
Abnormal vision, blurred vision, inflammation of the eye lids, cataract, inflammation of the white part of the eye, lesion of the cornea of the eye, ear disorder, defect in field of vision.
Swelling, bleeding, high blood pressure, fast heart rate, visible vein enlargement, dilation of blood vessels.
Gastrointestinal disorder, liver failure, inflammation of the pancreas.
Changes in hair, herpes simplex, nail disorder, pustular rash, serous drainage, skin discoloration.

Muscle weakness.
Proteins in urine, abnormal kidney function.
Back pain, skin infection, fever, parasitic infection, abnormal laboratory test, disorder of mucous membrane, tumour.

Rare fatal side effects are acute inflammation of the pancreas, bleeding in the head, and liver failure.

If any of the side effects gets serious, or if you notice any side effects not mentioned in this leaflet, tell your doctor or pharmacist.

5. HOW TO STORE TARGRETIN

Keep out of the reach and sight of children.

Do not use after the expiry date stated on the label.

Do not store above 30°C. Keep the bottle tightly closed.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. FURTHER INFORMATION

What Targretin contains

Each Targretin capsule contains 75 mg of the active substance bexarotene. The capsules also contain the other ingredients macrogol, polysorbate, povidone and butylated hydroxyanisole.

The capsule shell consists of gelatin, sorbitol special-glycerine blend (glycerin, sorbitol, sorbitol anhydrides (1,4-sorbitan), mannitol and water), titanium dioxide (E171) and printing ink (SDA 35A alcohol (ethanol & ethyl acetate), propylene glycol (E1520), iron oxide black (E172), polyvinyl acetate phthalate, purified water, isopropyl alcohol, macrogol 400, ammonium hydroxide 28%)

What Targretin looks like and contents of the pack

Targretin is available as soft capsules for oral use in a white plastic bottle containing 100 capsules.

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Detailed information on this medicine is available on the European Medicines Agency web site:
<http://www.emea.europa.eu/>.